

of the intervention under evaluation were found both in the percentage of patients maintaining total abstinence as well as in the percentage of relapsed patients. Statistically significant in favor of naltrexone treatment when assessing too such endpoint as alcohol craving intensity assessment for the NAL/PSY vs ACA/PSY analysis in a long treatment period and for the NAL/PSY vs PL/PSY analysis in a short term. Long-term results (52 weeks) of the analysis quoted indicate on a comparable clinical efficacy (no statistical significance of results obtained) of the use of naltrexone and placebo in the group of alcohol-dependent patients undergoing psychotherapy. The adverse events related to naltrexone treatment are usually mild and transient. The most frequent ones are: headaches, sleep disorders, anxiety, nervousness, gastrointestinal disorders such as abdominal pain, nausea, vomiting. **CONCLUSIONS:** Summing up, the results of the analysis carried univocally prove that naltrexone administered in a 50mg dose a day is an effective and safe drug in the treatment of alcohol dependent patients who additionally undergo a psychotherapy.

PMH15

IMPACT OF ADHERENCE TO FIRST THERAPY ON THE RISK OF ANTIDEPRESSANT SWITCHING

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OBJECTIVES: To assess the impact of adherence to first antidepressant (AD) therapy on risk of AD switching, using nationwide claims database. **METHODS:** Using the Korean Health Insurance Review & Assessment Service (HIRA) claims database (2006–2008), newly diagnosed depression patients who aged 18–84, without medical visit due to depression (ICD 10=P06.3, F31.3, F31.4, F32, F33, F34.1, F38.1, F41.2) within 6 months before the first observed prescription of ADs between Jul 2006 to Jun 2007 (18 months index period), and with at least 3 psychiatric visits within 3 months from index date were identified. ADs were categorized as tricyclic antidepressants (TCAs), selective serotonin reuptake inhibitors (SSRIs), and new antidepressants (NADs). For each AD category, adherence by 90 days post-index period Medication possession ratio (MPR) was estimated. Switching was defined prescription of different class of AD therapy from last AD regimen. Time to first switching was assessed. Cox proportional hazards model was used to investigate the relationship between adherence to AD and time to switch. **RESULTS:** A total of 88,079 patients satisfied the selection criteria, among which mean age of 45.2 years and 67.3% of women. When assessed AD therapy within 90 days from index date, 31.3% of the patients prescribed SSRI monotherapy, 16.4% prescribed TCA monotherapy, and 15.2% prescribed SSRI+NAD polytherapy. Overall rate of switching was 38.1%. When adjusted for age, gender, and AD regimen, patients with higher adherence (MPR≥75%) showed lower rate of switching (adjusted OR=0.93[95% CI=0.91–0.95]). **CONCLUSIONS:** Switching AD therapy can be inferred as indicator of insufficient effectiveness or adverse drug reaction. Improving adherence to AD therapy in newly diagnosed depression patients is important to prevent the switching AD therapy afterwards.

PMH16

CHARACTERISTICS OF PATIENTS IN COMMUNITY BEHAVIORAL HEALTH ORGANIZATIONS RECEIVING TWO INJECTABLE FORMS OF ATYPICAL ANTIPSYCHOTIC MEDICATIONS AS COMPARED WITH OTHER ANTIPSYCHOTICS

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OBJECTIVES: To describe characteristics of patients with schizophrenia receiving treatment with atypical injectable antipsychotics paliperidone palmitate and risperidone long-acting as compared to other antipsychotics therapy at community behavioral health organizations (CBHOs) in the United States. **METHODS:** A longitudinal, noninterventive observational registry, Research and Evaluation of Antipsychotic Treatment in Community Behavioral Health Organizations OUTcomes (REACH OUT) is collecting information on use of paliperidone palmitate, risperidone long-acting therapy (LAT), and other antipsychotics by patients with schizophrenia or bipolar type I disorder receiving treatment at CBHOs. Patients are followed for 1 year, with assessments at baseline, 6, and 12 months. Sites use a Web-based data-collection tool to enter patient self-reports, interviewer assessments, and medical record abstractions. **RESULTS:** At time of analysis, baseline patient interview data from 114 patients with schizophrenia were collected at 10 sites in the following cohorts: 44% paliperidone palmitate injections, 33% risperidone injections, and 23% other antipsychotics. Patients in the paliperidone palmitate or risperidone LAT cohorts were older, on average, than those receiving other antipsychotics: paliperidone palmitate, 41.2 years; risperidone LAT, 43.0; other antipsychotics, 35.0. Mean age at first psychiatric hospitalization was older for paliperidone palmitate (23.1) and risperidone LAT (24.4) than for other antipsychotics (20.1). Patients receiving the two injectable antipsychotics were more likely to be male (paliperidone palmitate, 70.0%; risperidone LAT, 73.7%; other antipsychotics, 69.2%) and single/never married (paliperidone palmitate, 78.0%; risperidone LAT, 78.9%; other antipsychotics, 69.2%). Patients treated with atypical antipsychotic injections were less likely to have private health insurance (paliperidone palmitate, 6.0%; risperidone LAT, 0.0%; other antipsychotics, 19.2%) and more likely to have Medicare (paliperidone palmitate, 60.0%; risperidone LAT, 60.5%; other antipsychotics, 23.1%) or Medicaid (paliperidone palmitate, 82.0%; risperidone LAT, 78.9%; other antipsychotics, 46.2%). **CONCLUSIONS:** Results suggest that patients in CBHOs receiving paliperidone palmitate and risperidone injections may differ from patients receiving other antipsychotics in sociodemographics.

PMH17

PREVALENCE OF ANTICHOLINERGIC DRUG PRESCRIBING IN ELDERLY OUTPATIENTS WITH DEMENTIA

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OBJECTIVES: Anticholinergic medications, though frequently used in the elderly population, are associated with cognitive impairment and use of these agents is a concern in dementia patients. This study examined the prevalence and predictors of anticholinergic prescribing in elderly outpatients with dementia. **METHODS:** Data from 2006–2007 National Ambulatory Medical Care Survey (NAMCS) and the outpatient National Hospital Ambulatory Medical Care Survey (NHAMCS) were combined to analyze elderly (65 years or older) patient visits for dementia (ICD-9-CM codes-290.XX, 291.2, 294.XX, 331.XX, 046.1 and 046.3). Anticholinergic drugs were identified using a preexisting scale, the Anticholinergic Drug Scale (ADS), which classified anticholinergic drugs into four levels in increasing order of their anticholinergic activity. Descriptive analysis was used to evaluate prevalence patterns and multiple logistic regression was conducted to examine the factors associated with prescribing of medications with marked anticholinergic activity (Level 2 or Level 3). **RESULTS:** According to the 2006–2007 NAMCS and NHAMCS data, there were a total of 6.8 million (95% Confidence Interval (CI) 5.27–8.44 million, 0.32%) ambulatory care visits for dementia. Nearly 43% (95% CI 35.24%–50.48%) of all elderly dementia patient visits involved prescribing of at least one anticholinergic drug; 36.76% of the above visits involved Level 1 medications, 10.85% of visits involved Level 2 or Level 3 medications. While age (75–84 years; Odds Ratio (OR) 0.26, 95% CI 0.08–0.85) and acetylcholine esterase inhibitor use (OR 0.21, 95% CI 0.07–0.65) increased the likelihood of prescribing medications with marked anticholinergic activity, total number of medications prescribed also (OR 1.41, 95% CI: 1.81–1.67) increased the likelihood of these prescriptions. **CONCLUSIONS:** Over 10% of elderly dementia visits involved prescribing of medications with marked anticholinergic activity. Given the severe cognitive adverse events, there is strong need to optimize anticholinergic drug prescribing in elderly outpatients with dementia.

PMH18

IMPACT OF COGNITIVE IMPAIRMENT ON FUNCTIONING, MEDICAL RESOURCE UTILIZATION, ADHERENCE AND HEALTH-RELATED QUALITY OF LIFE IN PATIENTS WITH SCHIZOPHRENIA

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OBJECTIVES: To examine the influence of cognitive impairment on functioning, medical resource utilization, adherence, and health-related quality of life (HRQoL) in patients with schizophrenia. **METHODS:** Data analyzed were from a cross-sectional study of patients with schizophrenia and their physicians (2005 Adelphi US Psychoses XI Disease Specific Programme). Outpatient schizophrenia patients aged ≥18 years with ≥4 physician encounters in the past 12 months were identified. Physicians evaluated their patients' cognitive impairment, positive and negative symptoms, functioning (employment status, presence of a caregiver, global assessment of functioning (GAF) scale, Likert scales measuring overall function and ability to meet own basic needs), adherence, and resource utilization. HRQoL (EQ-5D tariff and visual analog scale (VAS), Likert scales measuring overall sense of well-being, overall life satisfaction, and satisfaction with relationships) and adherence data were collected directly from patients. Multivariate analyses were used to examine the predictors for each outcome variable. Covariates included patients' demographics and their comorbidities. **RESULTS:** Eighty one percent of the 839 schizophrenia patients had cognitive impairment. A higher level of cognitive function was associated with higher overall functioning and GAF scores, improved ability to meet basic needs, being employed, not having a caregiver, fewer ER visits, greater medication adherence, better HRQoL (EQ-5D and VAS scores), overall sense of well-being, and higher satisfaction with life and social relationships (p<0.05). The severity of positive and negative symptoms was positively associated with poorer functioning, number of outpatient visits, and poorer HRQoL. Severe positive symptoms also predicted more hospitalizations and poorer adherence (p<0.05). Cognitive impairment was associated with fourteen outcomes, while positive and negative symptoms predicted nine and six outcomes respectively. **CONCLUSIONS:** Cognitive impairment in schizophrenia patients is significantly associated with a number of measures of disease burden, which can substantially increase the impact of the disease beyond that associated with only positive and negative symptoms.

Mental Health – Cost Studies

PMH19

THE BUDGET IMPACT ANALYSIS OF NALTREXONE IN THE TREATMENT OF ALCOHOL-DEPENDENT PATIENTS IN POLAND

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OBJECTIVES: The purpose was to estimate financial consequences of naltrexone reimbursement in the treatment of alcohol-dependent patients in Poland. **METHODS:** The budget impact analysis was conducted for two-years time horizon from the public payer perspective (National Health Fund) and, additionally, from the patient perspective. The target population consisting of the alcohol-dependent patients, who are treated in dependent treatment centres and are eligible for naltrexone therapy was estimated on the basis of epidemiological data and clinical expert's opinion. In the analysis two scenarios were compared: present, in which